

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number

Q90948

Confirmation Number

4651

Application Number 10/553,639

Filing Date October 18, 2005

For NOVEL COSMID VECTOR

Art Unit 1633

Examiner Name Burkhardt, Michael

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00 \$130.00
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00

☐ Previous Payment Amount _____ Date Submitted _____
☐ Applicant claims small entity status. See 37 CFR 1.27
☐ A check in the amount of the fee is enclosed.
☒ Payment by credit card.
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
☒ The Director is hereby authorized to charge any fees, **except for the Issue Fee and the Publication Fee**, or credit any overpayment, to Deposit Account Number 19-4880.

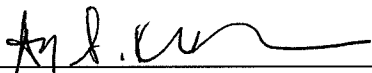
I am the

- ☐ applicant/inventor
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number 58,902
☐ attorney or agent under 37 CFR 1.34.
☐ Registration number if acting under 37 CFR 1.34 _____

WASHINGTON OFFICE

23373

CUSTOMER NUMBER



Signature

October 12, 2010

Date

Azy S. Kokabi

Typed or printed name

(202) 293-7060

Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.

Express Mail No.